

## U.S. Fish &amp; Wildlife Service

## Request for Reprographic Equipment

1. From (include zip code)	2. Through (include zip code)	3. To: USFWS MS-EA 3124 4401 N. Fairfax Dr. Arlington, VA 22203 Telephone: 703-358-2196 Facsimile: 703-358-2245
4. Type of Request <input type="checkbox"/> New Installation <input type="checkbox"/> Replacement	5. Acquisition Information <input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Cost per Copy <input type="checkbox"/> Lease	
6. Monthly Estimated Volume _____	Volume Band _____	(MFD) Multi Function Device: <input type="checkbox"/> Copy/Print <input type="checkbox"/> Copy/Print/Scan <input type="checkbox"/> Copy/Print/Scan/Fax
Make and Model Requested: _____		
7. Basis for Selection.    If Price or Plan Sole Source is checked, skip Block 8: <input type="checkbox"/> Price <input type="checkbox"/> Plan Sole Source If selection is based on criteria other than Price/Plan Sole Source, then select all items below that apply and complete Block 8. <input type="checkbox"/> Special Features <input type="checkbox"/> Trade-in <input type="checkbox"/> Service Response <input type="checkbox"/> Maintenance Availability <input type="checkbox"/> Past Performance <input type="checkbox"/> Plan Continuity or Modification <input type="checkbox"/> Other Considerations		
8. Justification (indicate make and model of copier being replaced)		

9. Exact Location of Proposed Equipment (include room number)	10. List all copiers located within your program office including monthly volumes and room numbers	
11. Signature (Requesting Office)	12. Telephone No. (include area code)  Facsimile No. (required)	13. Date

## WASHINGTON OFFICE APPROVALS

14. ☐ Request Approved    ☐ Request Approved except as noted    ☐ Request Disapproved – Alternate Equipment Recommended

Comments:

15. Signature (Reprographic Management)	16. Date
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Volume Bands (VB)

Band	Minimum Copies per Minute (CPM)	B&W	Color
1	20–29	■	■
2	30–39	■	■
3	40–49	■	■
4	50–59	■	
5	60–69	■	